

Department of Correction

Testimony of Suzanne Ducate, M.D., Director of Psychiatric Services  
Department of Correction

Judiciary Committee

Raised Bill No. 1182, *An Act Concerning Inmate Medications*

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Good morning, Senator Coleman, Representative Fox and members of the Judiciary Committee. I am Suzanne Ducate, Director of Psychiatric Services for the Department of Correction. As many of you know, the Department has a long standing Memorandum of Agreement with Correctional Managed Health Care (CMHC), to provide medical and mental health services to the state's inmate population. My primary responsibility as the Department's Director of Psychiatric Services is to ensure proper delivery of mental health care by CMHC to the inmate population.

I am here today to express concerns about the provisions of Senate Bill No. 1182, *An Act Concerning Inmate Medications*, which would require that all medications prescribed for persons for treatment of chronic conditions are continued as prescribed prior to incarceration. Many of the provisions included in Raised Bill No. 1182 are already being done by CMHC.

Current CMHC practice for psychotropic medication prescription is that when an inmate enters a facility on an active prescription for psychotropic medications, the current medication or a therapeutic equivalent is provided until the inmate is evaluated by a psychiatrist or APRN. However, the decision to medicate upon admission is dependent on the on-site or on-call psychiatrist's clinical judgment which may differ from the medication being given in the community. In all cases, the goal is the maintenance of clinical stability of the patient and avoidance of withdrawal syndromes or exacerbation of symptoms.

However, some of the provisions of the bill would require CMHC to follow the prescribing patterns of other outside physicians when the medical assessment of the inmate medical status upon intake may lead the medical staff to prescribe a different medication or nothing at all. This would put treating physicians in a problematic situation as the physicians would be required by law to do something that was not synchronous with the physician's medical judgment.

Many inmates come in from the community on narcotics and dangerous combinations of medications that would put the inmate at significant risk if they were continued without modifications. Passage of this bill would put inmates at serious risk of harm and prevent the CMHC physicians from using their clinical judgment to safely treat the

inmates, who while incarcerated are the responsibility of the Department of Correction. Recently, I testified on behalf of the Department of Public Health in the case of a physician in the community who was prescribing massive doses of narcotic medications with other sedatives to substance dependent patients. The cases I reviewed were similar to many of the situations we encounter in the Department. Patients often come in from the community on complicated or dangerous combinations of medications that they were either diverting in the community, combining with alcohol or other substances, or not taking as prescribed. Each clinical situation must be assessed individually and a safe and effective treatment plan implemented. To simply continue a course of treatment begun in the community without assessing the patient's current needs or circumstances would be dangerous medical practice.

Thank you for the opportunity to express the Department's views on this bill. I would be happy to answer any questions you have.